

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BA</i>	<i>70385</i>	
O.I.P.E. CLASSIFIER		<i>21</i>	<i>6/15/00</i>
FORMALITY REVIEW	<i>MM</i>	<i>0830</i>	<i>02/28/00</i>
RESPONSE FORMALITY REVIEW	<i>FWMS</i>	<i>07834</i>	<i>10/18</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓ 1/7/01
2	✓ 1/7/01
3	✓ 1/7/01
4	✓ 1/7/01
5	✓ 1/7/01
6	✓ 1/7/01
7	✓ 1/7/01
8	✓ 1/7/01
9	✓ 1/7/01
10	✓ 1/7/01
11	✓ 1/7/01
12	✓ 1/7/01
13	✓ 1/7/01
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19	✓ 1/7/01
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Claim	Date
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If more than 150 claims or 10 actions  
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